

P&amp;PS

23 FEB 1982

**MEMORANDUM FOR:** Deputy Director of Security/PTAS

**FROM:** James H. McDonald  
Director of Logistics

**SUBJECT:** Annual Occupational Safety and Health Report

**REFERENCE:** Your memorandum dated 2 February 1982, same subject, (OS 2-5044)

1. In response to the referent memorandum, we have reviewed our safety and health program and completed the questionnaire report for CY 1981.

2. The report format does not easily lend itself to the small specialized unit operations in this Office. Although the report is not perfect, it is the best we can provide within the constraints allowed. Our Safety and Health Committee continues to oversee the Office of Logistics' (OL) safety and health program with the primary overall goal to maintain a safe, accident-free workplace. I am pleased to report that goal was achieved in CY 1981.

3. If we can be of further assistance, please contact the Plans and Programs Staff, OL, extension

/s/ James H. McDonald

James H. McDonald

**Attachment:**  
Questionnaire Report

**cc:** Chairman, OL Safety and Health Committee

**Distribution:**

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OL/P&PS  (23 Feb 82)



## ADMINISTRATION

	<u>YES</u>	<u>NO</u>
1. Has the head of your agency issued a policy statement that		
a. emphasizes his/her commitment to a safe and healthful workplace?	<u>X</u>	_____
b. charges all levels of management to be responsible and accountable for the program?	<u>X</u>	_____
c. requires employee compliance with applicable OSHA and/or Agency standards?	<u>X</u>	_____
d. has been communicated to all agency personnel?	<u>X</u>	_____
e. assures employee OSH rights?	_____	_____
2. Does the Designated Agency Safety and Health Official directly supervise the person(s) responsible for managing the agency's OSH program?	_____	_____
3. How frequently does your Designated Safety and Health Official meet or communicate officially with the agency head on safety and health matters?		
	<u>Meet</u>	<u>Communicate</u>
a. At least weekly	_____	_____
b. At least monthly	_____	_____
c. At least quarterly	_____	_____
d. Other	_____	_____

If other, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Official communication with the person(s) responsible for managing the OSH program?

- a. Daily \_\_\_\_\_
- b. At least weekly \_\_\_\_\_
- c. At least monthly \_\_\_\_\_
- d. At least quarterly \_\_\_\_\_
- e. Other \_\_\_\_\_

If other, please explain \_\_\_\_\_

5. Who manages your safety and health program? (If you have different individuals for safety and health, list both.)

The OL Safety and Health Committee is responsible for the overall Office of Logistics health and safety ~~Name~~ program under the general direction of the Director of Logistics. The OL Security Staff has an OL safety ~~Title~~ officer appointed for day to day operations.

6. What is the approximate percent of time this person spends on the program? 5%

7. Were the financial resources received in CY 1981 adequate for the following purposes?

	<u>YES</u>	<u>NO</u>
a. Occupational safety and health personnel	<u>X</u>	_____
b. Training	<u>X</u>	_____
c. Inspections/Evaluations	<u>X</u>	_____
d. Personal Protective Equipment	<u>X</u>	_____
e. Abatement	<u>X</u>	_____
f. Program promotional items	<u>X</u>	_____
g. Medical surveillance program for employees	<u>X</u>	_____
h. Safety and health sampling, testing, laboratory and analytical equipment	<u>X</u>	_____
i. Technical information, documents, periodicals, etc.	<u>X</u>	_____

8. Provide the total number of full-time safety and health headquarters and field personnel in the following categories as defined in 29 CFR 1960.2(s).

	<u>Hqtrs.</u>	<u>Field</u>
a. Safety Professionals (GS-018, 019, 081, 803, 804, 1815, 1825, 2125 etc.*)	<u>0</u>	<u>0</u>
b. Health Professionals (GS-602, 610, 645, 690, 699, 1306, 1311, 1320, etc.*)	<u>0</u>	<u>0</u>

\*Or equally qualified military, agency, or non governmental personnel

9. Provide the total number of part-time (collateral duty) safety and health headquarters and field personnel.

	<u>1. Total number</u>	<u>2. Approximate full-time equivalent</u>
a. Headquarters personnel	(Nurse part-time 45% 2 Safety Officer (OS)) 5%	
b. Field personnel	-	-

Column 2 equals % of column 1 in full-time equivalency.

#### PLANNING

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 10. Have safety and health program goals and objectives been established?  | <u>*</u>   | <u>  </u> |
| 11. What were the <u>primary</u> occupational safety and health program goals planned <u>and</u> achieved during Calendar Year 1981?<br>(Briefly List) |            |           |

\*The primary goal of the safety program is a safe accident free workplace which was attained.

12. What primary occupational safety and health program goals were planned and not achieved during Calendar Year 1981? (Briefly List).

None known

13. How often are your goals and objectives reviewed?

- a. Monthly \_\_\_\_\_
- b. Quarterly \_\_\_\_\_
- c. Semiannually \_\_\_\_\_
- d. Annually \_\_\_\_\_
- e. Other \* Periodically \_\_\_\_\_

YES      NO

14. Are your OSH goals and objectives included in your agency's quarterly review system (management by objectives - MBO's, program execution plan - PEP) or other similar system? \_\_\_\_\_ \*

\*There are currently no safety items under MBO Control, however the goal of a safe workplace is a constant concern of management at all levels.  
GOALS AND OBJECTIVES FOR CY 1982

15. Briefly list your primary goals planned for Calendar Year 1982.

Achievement of an accident free year is always a goal. The  
following training courses will be conducted to help reach the goal:

4-6 Courses for forklift operators.

1 Course for supervisory and key personnel.

2 CPR courses

1 First aid course for certain key personnel.

16. To what extent are planning factors a. through f. listed below used in planning for the program elements listed in the right hand columns?

(N = Never; R = Rarely; S = Sometimes; F = Frequently; and A = Always).

PLANNING FACTORS	PROGRAM ELEMENTS					
	INSPECTIONS	TRAINING	INFORMATION	BUDGET AND STAFFING	ABATEMENT PRIORITIES	OTHER
a. Injury and illness incidence data. 1. Lost workday cases 2. Total cases	F	F	S	S	S	
b. Injury and illness (OWCP) cost data	S	S	S	S	S	
c. Recognized hazard data	A	F	F	S	S	
d. Employee reports of unsafe and unhealthful working conditions	F	S	S	S	S	
e. Recommendations of employee representatives	F	F	S	S	S	
f. Other: _____						

17. Have any special in-depth studies of specific hazards been conducted by your staff or by outside consultants within the past year?

Yes \_\_\_\_\_ NO X

If yes, briefly describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEASURES EMPLOYED TO MITIGATE INJURY AND ILLNESS IMPACTS

18. Please complete the following table. In Section I, enter the approximate % of employees and the appropriate letter H, M, or L for current priority (H = High, M = Moderate, L = Low or none). In Section II, place an "X" in the appropriate portion of the table for each of the items a. through h. to indicate whether the particular countermeasure shown is being used to mitigate the impact of the injury or illness category.

TYPE OF OCCUPATIONAL INJURY OR ILLNESS (As defined on OSHA Form No. 100F)	SECTION I		SECTION II					
	% OF EMPLOYEES, POTENTIALLY SUBJECT TO TYPE INJURY/ILL.	CURRENT PRIORITY	TYPES OF COUNTERMEASURES EMPLOYED					
			TRAINING	WORKPLACE ABATEMENT	INFORMATION CAMPAIGN	DEVELOPMENT OF NEW STANDARDS	RULES AND REGULATIONS	FREQUENT INSPECTIONS
a. Traumatic Injuries	10%	H	X	X	X*			X
b. Occupational Skin Diseases or Disorders	0		X	X	X			X
c. Dust Diseases of the Lungs (Pneumoconioses)	0		X	X	X			
d. Respiratory Conditions Due to Toxic Agents	0		X	X	X			X
e. Poisoning (Systemic Effects of Toxic Materials)	0		X	X	X			X
f. Disorders Due to Physical Agents (Other than toxic materials)	0		X	X	X			X
g. Disorders Due to Repeated Trauma	0		X	X	X			X
h. All Other Occupational Illnesses (list as desired)	1%	M	X	X	X			X

\* Use of signs, information, improved lighting, where required, and close attention to detail.



19. The following is a list of procedures your agency may have developed and communicated to safety and health personnel at field establishments, to supervisors, and to employees. Please indicate by an (X) the extent of development and communication.

Procedure	DEVELOPED	FORMALLY COMMUNICATED TO FIELD OSH STAFF	COMMUNICATED TO ALL SUPERVISORS	COMMUNICATED TO ALL EMPLOYEES
a. For abatement of hazards when other agencies are involved.	??	X	X	X
b. For employees to participate in OSH activities on official time.	X	X	X	X
c. For employees exclusive of any negotiated procedure, to report hazardous conditions, including time limits on action, notification to reporting employee, and inspection.		X	X	X
d. To assure that employees are not subject to restraint, reprisal, or coercion for exercising OSH rights.				
e. To maintain log of injuries and illnesses at each working location.				
f. For issuing alternate and/or supplementary standards.				
g. For resolving conflicting standards.	X			
h. To permit entry of inspectors to classified areas.	X			
i. For issuance of notice of unsafe conditions within 30 days.	X			
j. For abatement and follow-up..	X			
k. For evaluating performance of personnel with OSH duties.	X			

\* Procedure is to notify GSA where hazards exist.

and health rights and responsibilities? (Check as many of the following as appropriate).

- a. poster   X
- b. administrative directive   X
- c. routine part of new employee orientation procedures
- d. periodic publications   X
- e. no formal methods employed
- f. other (list):

21. How many of the following methods are routinely used to provide additional occupational safety and health information? (Check as many as appropriate).

- a. posters   X
- b. newsletter
- c. memoranda
- d. pamphlets   X
- e. none
- f. Other (list): Safety Films i.e. Driving   X

YESNO

22. Does your agency have safety and health committees? If yes, answer questions 23 through 28. If no, move on to the section on Field Councils.

  X  

23. How long have most of your safety and health committees been in operation?

- a.        Less than one year
- b.   X   1 - 2 years
- c.        3 - 4 years
- d.        5 - 6 years
- e.        7 years or more

24. What is the typical membership of your committees?

- |   |               |
|---|---------------|
| a. approximate percent of management representatives    | <u>100%</u>   |
| b. approximate percent of safety and health specialists | <u>      </u> |
| c. approximate percent of employee members              | <u>      </u> |
| d. approximate percent of employee representatives      | <u>      </u> |

25. What is the total number of safety and health committees in your agency?

1

26. How often do committees conduct meetings? Unknown

- |                       |               |
|-----------------------|---------------|
| a. At least weekly    | <u>      </u> |
| b. At least monthly   | <u>      </u> |
| c. At least quarterly | <u>      </u> |
| d. At least annually  | <u>      </u> |

27. Are written minutes of meetings taken? Unknown

YES      NO

If yes, are they forwarded to the agency headquarters?

If written minutes are not taken, is a formal report of issues and recommendations prepared? Unknown

If yes, to whom is it submitted?

\_\_\_\_\_

\_\_\_\_\_

Is there a formal follow-up procedure? Unknown

28. How effective would you say most of your safety and health committees have been in performing the following functions?

	Not Effective	Generally Ineffective	Somewhat Effective	Very Effective
a. Identifying hazardous conditions	_____	_____	_____	_____X_____
b. Communicating OSH problems to management	_____	_____	_____	_____X_____
c. Increasing safety consciousness in the workplace	_____	_____	_____	_____X_____
d. Reducing accident rates	_____	_____	_____	_____X_____
e. Improving health conditions	_____	_____	_____	_____X_____
f. Finding solutions to S & H problems that are discovered	_____	_____	_____	_____X_____

YESNO

29. Does your agency have a formal policy specifically encouraging participation in Field Federal Safety and Health Councils? (If yes, please attach a copy).

X

30. Has the policy been communicated to all agency subunits and field establishments?

X

31. Have official (management and non-management) representatives to Field Councils been appointed by their activity head?

X\*

\* Present Committee is composed of management representatives.

## TRAINING

32. Has your agency developed safety and health training policy and procedures for the target populations listed below? (If yes, indicate the percent of the population trained in CY 1981)

	<u>Primary Training</u>			<u>Refresher</u>		
	Yes	No	Percent	Yes	No	Percent
a. New employees	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
b. Employees assigned to operate "new" equipment	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
c. Employees assigned to "new/different" tasks	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
d. Employees in high risk jobs	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
e. Top management officials	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
f. Supervisors	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
g. Safety and health personnel	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
h. Safety and health inspectors	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
i. Collateral duty safety and health personnel	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
j. Occupational safety and health committee members	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
k. Employee representatives	<u>      </u>	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
l. Other employees	<u>      </u>	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

YES      NO

33. Has your agency conducted training courses during the report year to address special or unique problems identified in your agency?  
 If yes, please list these courses.  
 (Attach additional pages as necessary.)

X      \_\_\_\_\_

<u>Course Title</u>	<u>Course Objective (ident. problems)</u>	<u>Trainee Classification</u>	<u>Number attendees</u>	<u>Number hours</u>
2 CPR (10)	Life Saving		20	12 hrs
4 Forklift Operator Courses	(Safe Operation)		45	16 hrs per cour

34. If you developed or used training materials during the report year that you think would be helpful to others, please list below. (Attach additional pages as necessary.)

<u>Subject Matter</u>	<u>Intended audience</u>	<u>Type of Training Material (film, slides, text)</u>
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N/A

## INSPECTIONS

YES      NO

35. Does your agency conduct formal inspections as defined in 29 CFR 1960.2(k), of all areas and operations of each workplace and office?      X      \_\_\_\_\_
36. Where there is an increased risk of accidents, injuries or illnesses, how frequently do you conduct formal inspections?
- a. Daily      \_\_\_\_\_
- b. Weekly      X      \_\_\_\_\_
- c. Monthly      \_\_\_\_\_
- d. Other      \_\_\_\_\_
37. How frequently are all other areas/operations of your agency formally inspected?
- a. Monthly      \_\_\_\_\_
- b. Quarterly      \_\_\_\_\_
- c. Semiannually      \_\_\_\_\_
- d. Annually      X Periodically      \_\_\_\_\_
- e. Other      \_\_\_\_\_
38. Provide an estimate of the percent of your agency's workforce working in areas in which at least one periodic inspection was conducted per year.      \*100 %
39. Provide the approximate percent of formal inspections conducted by trained OSH professionals in the past CY.      1 %
40. Provide the approximate percent of formal inspections conducted by supervisors or others in the past CY.      No Record 3 %
41. What was the approximate percent of unsafe or unhealthful working conditions abated within the inspection report deadline in the past CY?      75-80 %

42. What was the approximate percent of imminent danger situations abated within the inspection report deadline within the past CY. Unknown %

#### SELF-EVALUATIONS

43. Describe your Agency's program of self-evaluation. Outline the procedure(s) utilized, list types of data and how collected, and indicate who conducted the evaluation (e.g., OSH staff, I.G. staff, private contractor, another organizational unit within the agency etc.) Attach additional pages as necessary.

OL safety evaluations are made by managers and collateral duty safety personnel at the Office and subordinate unit level. Inspections are conducted at least weekly by first echelon personnel and at least annually by the OS Safety Staff.

44. Describe the results of your self evaluation. Your discussion should assess the degree to which your agency has implemented the requirements of Executive Order 12196, the quality of the agency program, and any failures to meet program requirements. It should also include a description of your agency's progress in meeting its goals and objectives and include any unusual program accomplishments during the year. If applicable, describe unusual problems encountered and the results of any innovative means your agency employed to address those problems. (Attach additional pages as necessary.)

The self evaluation program has created a safe workplace for our employees. Employee awareness has been raised through supervision and worker involvement.

45. What changes in the agency's program have been proposed, approved and implemented as a result of the evaluations. Indicate the status of each. (Attach additional pages as necessary.)

None